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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)

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ECKERT SEAMANS CHERIN & MELLOTT

600 GRANT STREET

44TH FLOOR

PITTSBURGH, PA 15219

| Susan Alpert Siegel Ph.D. | (Depositor's nume) |
|---------------------------|--------------------|
|                           | (Signature)        |
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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/552,177      | 11/20/2006  | Joseph M. Ahearn     | 293987-00007-US     | 6534             |

| APPLICATION NO.  | FILING DATE   |  | FIRST NAMED INVENTOR   |   | ATTORNEY DOCKET NO.  |                              | CONFIRMATION NO.  |
|--|---|--|--|---|--|------------------------------|---|
| 10/552.177   | 11/20/2006  | ID MONITORING OF   | Joseph M. Ahearn   | UPMATORIE   | 293987-0000  | 7-US                         | 6534  |
| ITLE OF INVENTION  | : IDENTIFICATION AN   | ID MONITORING OF S   | YSTEMIC LOPUS ERTT   | HEMATOSUS   |  |                              |   |
| APPLN. TYPE  | SMALL ENTITY  | ISSUE FEE DUE  | PUBLICATION FEE DUE  | PREV. PAID ISSUI  | FEE TOTAL F  | EE(S) DUE                    | DATE DUE  |
| nonprovisional   | YES   | \$755  | \$300  | S0  | \$   | 1055                         | 08/10/2009  |
| EXAM   | INER  | ART UNIT   | CLASS-SUBCLASS   |   |  |                              |   |
| GABEL, C   |   | 1641   | 435-007240   |   |  |                              |   |
| I. Change of corresponde<br>CFR 1.363).<br>Change of corresp                     | once address or indication<br>ondence address (or Char<br>3/122) attached.        |  | For printing on the p (1) the names of up to or agents OR, alternative                                       | 3 registered paten  | attorneys 1_1  | Klarquis                     | t Sparkman, LLI   |
| "Fee Address" ind  | ication (or "Fee Address"<br>2 or more recent) attach                             | Indication form  | (2) the name of a single<br>registered attorney or a<br>2 registered patent attor<br>listed, no name will be | name of a single firm (having as a member a 2 datomey or agent) and the names of up to terred patent attorneys or agents. If no name is 3 ano name will be printed. |  |                              |   |
|  |   |  | THE PATENT (print or typ   |   |  |                              |   |
| PLEASE NOTE: Unl   | ess an assignee is identi<br>n in 37 CFR 3.11. Comp                               | fied below, no assignce<br>letion of this form is NO                 | data will appear on the pa<br>T a substitute for filing an   | stent. If an assigner   | e is identified be   | low, the do                  | cument has been filed i   |
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| System of Higher E   | ducation  |  | Pittsburgh, Pen  | nsylvania   |  |                              |   |
| Please check the appropri  | ate assignee category or  | categories (will not be pr   | inted on the patent):  | Individual 🛛 Co   | rporation or other   | private grou                 | ap entity Governme  |
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|  | o small entity discount pe  | ermitted)  | Payment by credit care   |   |  |                              |   |
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| 5. Change In Entity Stat   | SMALL ENTITY status   | 2868 37 CFR 1.27.  | Applicant is no long   | er claiming SMAL  | L ENTITY status  | See 37 CF                    | R 1.27(g)(2).   |
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| Authorized Signature   | 4   | $\mathcal{L}$  |  | Date Augu   | st 7, 2009   |                              |   |
|  | Susan Alpert Si   |  |  | Registration No   |  |                              |   |
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